

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/583609</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓		↓	↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.	19	←		←	←	←	TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS	20						TOTAL CLAIMS						